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HAND DELIVERED

STATEMENT OF ORGANIZATION

RECEIVED

2016 FFR 21 PM 3: 43

| FORM 1 | | | | 2014 FEE | 71 111 0 40 |
|---|-----------------|----------------------------|--|------------|---------------------------------|
| | | | | FECA | Office Use DAN TER |
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example: If typing, type over the lines. | | |
| BLUE ORIGIN LLC POLITICAL ACTION COMMITTEE | | | | | |
| (BLUE ORIGIN PAC) | | | | | |
| ADDRESS (number a | nd street) [212 | 218 - 76Th | I AVENUE S | | |
| ☐ (Check if a is changed | KE | NT SITY A | | MA STATE ▲ | 98032 _ 2442 |
| COMMITTEE'S E-MAIL ADDRESS | | | | | |
| (Check if a is changed | | al.departm | ent@blueori | gin.com, | |
| | Optiona | I Second E-Mail Add | iress | | |
| | LL_ | | | ╌┸╌┸╌┸ | ~ |
| COMMITTEE'S WEB PAGE ADDRESS (URL) | | | | | |
| (Check if address is changed) | | | | | |
| | لبنا | | | | |
| 2. DATE 02 ' 13 ' 2014 | | | | | |
| 3. FEC IDENTIFICATION NUMBER ▶ | | | | | |
| 4. IS THIS STATEM | MENT X NEV | V (N) OR | AMENDED (A | N) | |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. | | | | | |
| Type or Print Name of Treasurer BRETTON ALEXANDER | | | | | |
| Signature of Treasurer Signature of Treasurer Data Data Data | | | | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. | | | | | |
| Office Use Only | | | For further informati Federal Election Com Toli Free 800-424-953 Local 202-694-1100 | mission | FEC FORM 1 (Revised 06/2012) |